

APR 23 2004

Scott Faris

From: pedram [pedram@waveguidesolutions.com]
Sent: Friday, April 23, 2004 9:21 AM
To: 'faris' ?
Subject: FW: Patents

Post-it* Fax Note	7671	Date 4/23/04	# of pages 3
To	USPTO	From	Pedram
Co./Dept	PATENTS	Co.	
Phone #		Phone #	
Fax #	703-872-9306	Fax #	

edram Leilabady, Ph.D.

—Original Message—

From: pedram [mailto:pedram@waveguidesolutions.com]
Sent: Friday, April 23, 2004 9:19 AM
To: 'usptoinfo@uspto.gov'
Subject: Patents

Dear Sir/Madam,

I am writing to you concerning the submission of a utility patent application titled "High Performance Sol-Gel Spin-On Glass Materials" dated July 31st, 2003. The inventors are Ramazan Benrashid and Paul Velasco. The application was filed by me, Pedram Leilabady, on behalf of Waveguide Solutions, Inc., in Charlotte North Carolina. We received the US Postal Service certified mail receipt confirmation by USPTO on August 4th, 2004. The USPS article number was: ER323595181 US. To this date we have not received a Patent Application Receipt Acknowledgement notification from your office. I therefore do not have an assigned application number for this filing from your office.

I would appreciate it very much if you could kindly resend a copy of the Filing Receipt Confirmation for the above referred to application to my attention as your earliest convenience.

Kind Regards,
Pedram Leilabady

Pedram Leilabady, Ph.D.
Founder & Exec VP
Waveguide Solutions, Inc
25 Lakeview Road
Charlotte, NC 28269
+1 (704) 927-0402
+1 (704) 599-3536
www.waveguidesolutions.com

4/23/2004

PAGE 1/3 * RCVD AT 4/23/2004 9:31:14 AM [Eastern Daylight Time] * SVR:USPTO-EFAX-1/0 * DNIS:8729306 * CSID: * DURATION (mm-ss):01-44

OFFICIAL

CENTRAL FAX CENTER

APR 23 2004

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **WGS-2003-A1**
First Inventor **RAMAZAN BENRASHID**
Title **Dr.**
Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☐ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **57**]
(prepared arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **10**]
5. ☒ Oath or Declaration [Total Pages **2**]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information:

Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name **PEDRAM LEILABADY**
Address **WAVEGUIDE SOLUTIONS**
6125 LAKEVIEW ROAD, SUITE 200
City **CHARLOTTE** State **NC** Zip Code **28269**
Country **USA** Telephone **704-927-0402** Fax **704-597-3536**

Name (Print/Type) **PEDRAM LEILABADY** Registration No. (Attorney/Agent)
Signature **[Signature]** Date **July 31, 2003**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Is Addressed to:</p> <p>USPTO Box Patent Application WASHINGTON DC 20231</p> <p>2. Article Number (Transfer from service label) ER 323 595 181 US</p>		<p>A. Signature X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	



ER 323595181 US



UNITED STATES POSTAL SERVICE®

Customer Copy
Label 11-B September 2002

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			
PS Form Code 269	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope	
Date in 9/31/03	Time in 10:49 PM	Postage \$13.65	Return Receipt Fee 1.75
Weight 11.20	Int'l Alpha Country Code	COO Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials AMU	Total Postage & Fees \$15.40	
FROM: (PLEASE PRINT) Pedram Leilabady Waveguide Solutions, Inc. 6125 Lakeview Road, Ste. 200 Charlotte, NC 28269			
FOR PICKUP OR TRACKING CALL 1-800-222-1811			
www.usps.com			
PRESS HARD. You are making 3 copies.			

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Date	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
CUSTOMER USE ONLY			
<p>PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.</p> <p>Federal Agency Acct. No. or Postal Service Acct. No.</p> <p><input type="checkbox"/> NO DELIVERY Weekend Holiday</p>			
<p>TO: (PLEASE PRINT) U.S. Patent Office Box Patent Application Washington, DC 20231</p> <p>20231 + 0000</p>			